Considerations for developing the Stakeholder Council's mission statement

Definition of "Patient-centered medical home" in the Montana PCMH Act:
"Patient-centered medical home" means a model of health care that is: directed by a primary care provider offering family-centered, culturally effective care that is coordinated, comprehensive, continuous, and, whenever possible, located in the patient's community and integrated across systems; characterized by enhanced access, with an emphasis on prevention, improved health outcomes, and satisfaction; qualified by the commissioner under [section 4] as meeting the standards of a patient-centered medical home; and reimbursed under a payment system that recognizes the value of services that meet the standards of the patient-centered medical home program.

Preamble to the Montana PCMH Act:

- The increasing cost of health care makes health plans more difficult for individuals, families, and businesses to afford. These increases in health care costs are attributable in part to inadequate coordination of care among providers, difficulties in accessing primary care, and a lack of engagement between patients and their primary care providers.
- The purpose of [sections 1 through 5] is to enhance care coordination and promote high-quality, cost-effective care through patient-centered medical homes by engaging patients and their primary care providers.
- Chronic diseases are one of the biggest threats to the health of Montana residents. The purpose of [sections 1 through 5] includes promoting episodic evidence-based care in the community to reduce hospital admissions, enhance chronic disease management, and reduce costs for treating chronic diseases.
- There is a shortage of primary care providers in areas of Montana and that inconsistent access to health care services and variable quality of care have been shown to result in poorer health outcomes and health care disparities but that patient-centered medical homes offer a model of primary care that may attract new providers to Montana because the model is effective, sustainable, and replicable in small communities and provides a process to achieve higher quality health care for Montana citizens and a way to help slow the continuing escalation of health care costs as well as improve health outcomes for Montana citizens.
- A single definition and common set of quality measures as well as a uniform payment methodology provide the best chance of success for the patient-centered medical homes model by increasing consistency in reporting across health plans and primary care practices.
- Best practices are most likely to be recognized and adopted by primary care practices if a state-structured patient-centered medical home program works with programs that may be developed for health plans and primary care practices and for any programs in Title 53 for Medicaid and in Title 53, chapter 4, part 11, for the Healthy Montana Kids plan.
- An ongoing process is desirable to evaluate the effectiveness of patient-centered medical homes.
- Notwithstanding any state or federal law that prohibits the collaboration of insurers, other health plans, or providers regarding payment methods, the legislature finds that patient-centered medical homes are likely to result in the delivery of more efficient and effective health care services and are in the public interest.